UNITED STATES DISTRICT COURT for the

District of Oregon

| JOHN C. LONSFORD |))) |
|--|---|
| Plaintiff(s) v. LIFE INSURANCE COMPANY OF NORTH AMERICA |)) Civil Action No. 3:21-cv-1730 -SE))) |
| Defendant(s) |) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Life Insurance Company of North America c/o CT Corporation System 780 Commerical Street SE Suite 100 Salem, OR 97301

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Megan E. Glor

Megan E. Glor, Attorneys at Law 707 NE Knott Street, Suite 101 Portland, OR 97212

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

MARY L. MORAN, Clerk of Court

By: s/Elizabeth Potter, Deputy Clerk

Date: 12/03/2021

Civil Action No. 3:21-cv-1730

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was ra | This summons for (no ceived by me on (date) | ame of individual and title, if an | ny) | | |
|---------|--|------------------------------------|---------------------------------|------|--|
| was ice | cerved by the on (aute) | | · | | |
| | ☐ I personally served the summons on the individual at (place) | | | | |
| | | | on (date) | ; or | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name), a person of suitable age and discretion who resides there, | | | | |
| | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | |
| | ☐ I served the summons on (name of individual) , we designated by law to accept service of process on behalf of (name of organization) | | | | |
| | | | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the sum | nmons unexecuted because | e | ; or | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | |
| | I declare under penalty of perjury that this information is true. | | | | |
| Date: | | _ | | | |
| | | | Server's signature | | |
| | | _ | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc:

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